Case 24-10917-pr		d 04/10/24 Iment Pa	Entere		24 19:26:58	Desc Main	
Fill in this information to identify		men P	age I of	6			
Debtor 1 Higinio Mora							
Debtor 1 First Name	Middle Name	Last Name					
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:	Eastern District of Pennsylva	inia 🔽					
Case number 24-10917				Ob = = 1: if i	u. t. f		
(If known)				Check if t	nended filing		
					Minde totals variable	postpetition chapter 13	
					e as of the follow		
Official Form 106I				MM / [DD / YYYY		
Schedule I: You	ır Income					12/15	
supplying correct information. If you are separated and your spou separate sheet to this form. On the Part 1: Describe Employm	ise is not filing with you, do top of any additional page	o not include in	formation al	bout your spo	use. If more space	e is needed, attach a	
Fill in your employment information.		Debtor 1			Debtor 2 or i	non-filing spouse	
If you have more than one job, attach a separate page with information about additional employers.	Employment status	☑ Employed☑ Not employ	red		☐ Employed		
Include part-time, seasonal, or self-employed work.		Expeditor					
Occupation may include student or homemaker, if it applies.	Occupation						
	Employer's name	RR Donnelly	& Sons		-		
	Employer's address	4101 Winfield Rd Number Street			Number Street		
					7		
		Warrensville	ĬĹ	60555			
		City		Code	City	State ZIP Code	
	How long employed there	? 8yr			8yr		
Part 2: Give Details About	Monthly Income						
Estimate monthly income as of spouse unless you are separated. If you or your non-filing spouse habelow. If you need more space, at	the date you file this form.	combine the info					
			Fo	r Debtor 1	For Debtor 2 o		
List monthly gross wages, sala deductions). If not paid monthly, or	ry, and commissions (befocalculate what the monthly w	re all payroll age would be.	2. \$	5,007.00	\$		
3. Estimate and list monthly over	time pay.		3. +\$	0.00	+ \$		
4. Calculate gross income. Add lin	e 2 + line 3.		4. \$	5,007.00	\$		

Case 24-10917-pmm Doc 24 Filed 04/10/24 Entered 04/10/24 19:26:58 Page 2 of 6 number (if known) 24-10917 Document

Higinio Mora

Debtor 1

For Debtor 1 For Debtor 2 or non-filing spouse 5,007.00 5. List all payroll deductions: 925.00 5a. Tax, Medicare, and Social Security deductions 5a 0.00 5b. Mandatory contributions for retirement plans 5b. 0.00 5c. Voluntary contributions for retirement plans 5c. 0.00 5d. Required repayments of retirement fund loans 5d. 256.00 5e. Insurance 5e. 0.00 5f. 5f. Domestic support obligations 0.00 5a. Union dues 5a. 119.00 5h. Other deductions. Specify: state and local 5h. 1,300.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 3,707.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 1,600,00 monthly net income. 82 0.00 8b. Interest and dividends 8h 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 8c. settlement, and property settlement. 0.00 8d. Unemployment compensation 8d. 8e. Social Security 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 0.00 Specify: 8f. 0.00 8g. Pension or retirement income 8g 0.00 8h. Other monthly income. Specify: 8h. 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 1,600.00 9 10. Calculate monthly income. Add line 7 + line 9. 5.307.00 5,307.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 11. + Specify: 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 5.307.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? M No. Yes. Explain:

Desc Main

Cas	e 24-1091	7-pmm Do	oc 24 Filed 0	04/10/24 Ente	red 04/10/2	4 19:26:58	Desc Main
ill in this inform	ation to ide	ntify your case	Docum	ent Page 3 c	of 6		
Debtor 1 _ l	HIGINIO		MORA	[]	Check if this is an	i	
	First Name	Middle Name	Last Name		amended filing	I	
Debtor 2				[] A supple	ement showing p	ostpetition chap	ter 13
spouse if filing)	First Name	Middle Name	Last Name	expenses a	as of the followin	g date:	
JS Bankruptcy Court	Eastern	< District of >	Pennsylvania				
Case number		24-10917					
Official Form	106J						
Schedule J: Y	our Expe	nses					
Be as complete and acc	curate as possible	e. If two married pe	ople are filing together	, both are equally respon	sible for supplying	correct	
nformation. If more sp	ace is needed, at	tach another sheet	to this form. On the to	p of any additional pages	s, write your name	and case number	
if known). Answer e	every question.						
Part 1:	Describe You	ur Household			<u></u>		
L. Is this a joint ca	se?						
[xx] No	Go to line 2.						
[] Yes .	Does Debtor 2	live in a separate	e household?				
	[] No						
	[] Yes	Debtor 2 must f	ile Official Form 106	J-2, Expenses for Sepa	rate Household o	of Debtor 2.	
. Do you have depe	endents?						
	[] No	Fill out	this information De	pendent'sRelationship to)	Does dependen	t
	[xxx] Yes	for	each dependent del	otor 1 or debtor 2	Age	live with you?	
o not list debtor 1	or debtor 2					0	No
			ys		37	[x]	Yes
o not state depend	lents' names						No
			cn	n	20	V.5-5	Yes
e	expenses as of a d	late after the bankr	uptcy is filed. If this is a	supplemental Schedule	J, check the box at		No
			yn		18		Yes
			an				No
			an	n	8		Yes
							No
			an	n twin	8		Yes
. Do your expenses	include						
expenses of people of		[xx] No					
ourself and your de		[] Yes					
outself und your de	periocites.	[] 163					
Part 2:	stimate Your	Ongoing Mont	thly Expenses				
stimate your expenses	s as of your bankr	uptcy filing date ur	nless you are using this	form as a supplement in	a Chapter 13 case	to report	
				le J, check the box at the			
pplicable date.		•					
2 (2)	or with non-cash	government assist	ance if you know the v	alue of			
			come (Official Form 10			Your expens	ses
			ence. Include first mor			Tour onpoint	
ny rent for the grou		,		O O - F - 1	Δ	\$ 1,203	.00
	f not included i	n line 4:			3.00	, 1,200	
	a Real Estate T				Да	\$ -	
			enter's insurance		4b		.33
			nd upkeep expenses		4c		
			condominium dues			\$.	
7	aomeowner	J GJJOCIALION OF	condominant dues		40	Υ	

Case 24-10917-pmm Doc 24 Filed 04/10/24 Entered 04/10/24 19:26:58 Desc Main Official Form 106J Your Experiment Page 4 of 6 Page 1

Debtor 1	HIGINIO	MORA	Case Number>	<u>0</u>			
	V 				Your	expenses	
5. Additional	mortgage payments fo	or your residence, such as home e	quity loans	5	\$	_	
6. Utilities:							
	6a. Electricity, he	eat, natural gas		6a	\$	140.00	
	6b. Water, sewe	r, garbage collection		6b	\$	130.00	
	6c. Telephone, c	ell phone, internet, satellite & cabl	e services	6c	\$	120.00	
	6d. Other. Specif	fy		6d	\$	-	
	7 Food & houseke	eping supplies		7	\$	1,150.00	
	8 Childcare & child	dren's education costs		8	\$	-	
	9 Clothing, laundry	y & dry cleaning		9	\$	150.00	
	10 peraonal care pr	oducts & services		10	\$	100.00	
	11 Medical & denta	l expenses		11	\$	300.00	
	12 Transportation. I	Include gas, maintenance, bus or to	ain fare				
	Do not include ca	ar payments		12	\$	600.00	
	13 Entertainment	clubs, recreation, newspapers,	magazines & books	13	\$	-	
	14 Charitable cont	tributions & eligious donations		14	\$	=:	
	15 Insurance. Do no	ot incldue ins deducted from your p	pay or include in lines 4 or 20				
	15a. Life insura	ince			\$	==:	
	15b. Health ins	urance			\$	#c	
	15c. Vehicle ins	surance			\$	570.00	
	15d. Other insura	ance. Specify			\$	=:	
	16 Taxes. Do not inc	cldue ins deducted from your pay o	or include in lines 4 or 20				
	specify			16	\$	-	
1 .	17 Installment orle	ease payments					
	17a. Car payme	ents for Vehicle 1 L	ease	17a	\$	433.00	
	17b. Car payme	ents for Vehicle 2		17b	\$	-	
	17c. Other. Spe	ecify		17c	\$:-	
	17d. Other. Spe	ecify		17d	\$	-	
	18 Your payments o	of alimony, maintenance, and supp	ort that you did not report as	deducted fi	rom		
	your pay on line	5, Schedule I, Your Income (Officia	Form 106I).	18	\$	-	
	19 Other payments	you make to support others who d	o not live with you.				
	Specify			19	\$	· · ·	
	20 Other real prope	rty expenses not included in lines 4	or 5 of this form or on Scheo	dule I: Your	ncome.		
	20a. Mortgages	s on other property		20a	\$	n o	
	20b. Real estate	e taxes		20b	\$	=	
	20c. Property, h	nomeowner's, or renter's insura	ance	20c	\$	*	
		nce, repair, and upkeep expense		20d	\$		
		er's association or condominium	m dues	20e	\$:	
Official Form	n 1061	Vous Evponsos			Doge		2

Case 24-109 HIGINIO	917-pmm	Doc 24 MORA	Doc 24 Filed 04/10/24 Entere MORA Document Page 5 of			ed 04/10/24 19:26:58 & number>			
21 Other	Specify			_ .	21			0	
22 Calculate y	our monthly e	expenses							
22a. Add line	22a. Add lines 4 through 21.					\$	5,004	.33	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2					22b	\$	a x		
22c. Add line 22a and 22b. The result is your monthly expenses.					22c	\$	5,004.33		
23 Calculate y	our monthly r	et income							
23a. Copy line 12 (your combined monthly income) from Schedule I.					23a	\$	5,307.00		
23b. Copy your monthly expenses from line 22c above.					23b	\$	5,004	.33	
	t your monthly		n your monthly inco	me.	23c	\$	302.	67	

Debtor 1

Case 24-10917-pmm Doc 24 Filed 04/10/24 Entered 04/10/24 19:26:58 Desc Main **e** 6 of 6 Fill in this information to identify your case: Higinio Mora Debtor 1 Last Name Middle Name Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Eastern District of Pennsylvania Case number (If known) ☐ Check if this is an amended filing Official Form 106Dec **Declaration About an Individual Debtor's Schedules** 12/15 If two married people are filing together, both are equally responsible for supplying correct information. You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? ☐ No Yes. Name of person_ . Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

×

Signature of Debtor 2

Date MM / DD / YYYY

Signature of Debtor 1

Date 64/10/2024

MM/ DD / YYYY